



Sir Charles Gairdner Hospital
Referral to: MULTIDISCIPLINARY FOOT ULCER
CLINIC

DATE		
CLIENT DETAILS <i>(use patient sticker if available)</i>		
Given Names:	Surname:	
Date of Birth:		
Address:		Postcode:
Phone Home:	Work:	Mobile:
Hospital Unit Medical Record Number (if known):		
Medicare Number:	expiry date:	

MEDICAL HISTORY

<input type="checkbox"/> T1DM	<input type="checkbox"/> T2DM	<input type="checkbox"/> PAD	<input type="checkbox"/> IHD	<input type="checkbox"/> CRF	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Peripheral Neuropathy
Smoking status (current/past/never):						
Diabetes duration (if applicable):						
<hr/> <hr/> <hr/> <hr/> <hr/>						
Any known allergies:						
<hr/> <hr/> <hr/>						
Current medication (attach medication list):						
Prior imaging (attach results):						
<hr/> <hr/>						
Height:	Weight:	BMI:				

REASON FOR REFERRAL

Foot Ulcer Suspected Charcot Foot Other (please provide detail below)
 Recurrent Ulcer

Brief description of main concern:

SINBAD score:

Category	Definition	Score
Site	Forefoot Midfoot and hindfoot	0 1
Ischaemia	Pedal blood flow intact: at least one palpable pulse Clinical evidence of reduced pedal flow	0 1
Neuropathy	Protective sensation intact Protective sensation lost	0 1
Bacterial infection	None Present	0 1
Area	Ulcer <1 cm ² Ulcer ≥1 cm ²	0 1
Depth	Ulcer confined to skin and subcutaneous tissue Ulcer reaching muscle, tendon or deeper	0 1
Total possible score		6

DURATION <4 weeks 4 – 12 weeks >3 months

FOOT PULSES – tick if palpable

Right DP PT

Left DP PT

CURRENT TREATMENT

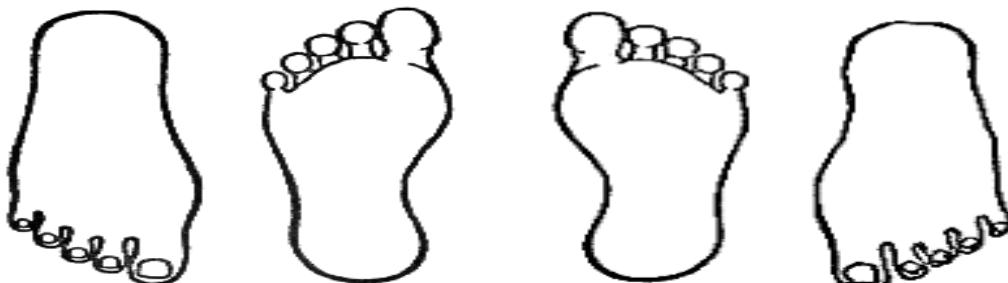
Wound Care _____

Antibiotics _____

Offloading _____

Other _____

Please indicate areas of concern on foot diagram:



MEDICAL/SURGICAL SPECIALISTS

(Name, specialty, public/private, current involvement, date of last & next appointment)

REFERRAL SOURCE DETAILS

Name:	GP:
	Provider #:
Title/Designation:	Practice:
Practice:	
Phone Number:	Phone Number:
Fax:	Fax:

GENERAL PRACTITIONER

Fax to Central Referrals 1300 365 056

Please address any written referrals to the 'Multidisciplinary Foot Ulcer Clinic'

For inter hospital transfers, please fax the referral directly to the Podiatry Department
Fax: 6457 1568

For any urgent referrals (need to be seen in less than seven days) – please contact the on-duty Vascular Registrar via switchboard or the MDFU Coordinator via 6457 3373.

All other queries can be directed to the SCGH Multidisciplinary Foot Ulcer Clinic
Phone: 6457 3373 Fax: 6457 1568

Please Attach All Relevant Investigations, Reports & Results

REFERRAL ELIGIBILITY

OR

Outpatient with complex medical needs presenting with either:

- Foot ulcer
- Foot infection

which is static or deteriorating OR not responding to best practice

Reason for referral:

- a. Unclear aetiology of ulcer
- b. Suspected or confirmed osteomyelitis
- c. Suspected or confirmed PAD including dry stable necrosis

Suspected or confirmed active Charcot foot:

- hot, red swollen foot
- in the presence of peripheral neuropathy with
- minimal or no reported trauma / progressing deformity

For patients with acute signs and symptoms such as ascending cellulitis and/or present as systemically unwell, please refer directly to the closest Emergency Department